

Effective October 1, 2000

Application or Docket Number

09/869206

| CLAIMS AS FILED - PART I (Column 1) | | | | | | nn 2) | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | |
|--|--|---|--------------------------------------|-----------------------|----------------------------------|-------------------------------------|----------|---------------------|--|---------|----------------------------|------------------------|
| TOTAL CLAIMS | | | | | | | Ļ | RATE | FEE | | RATE | FEE |
| FOR N | | | NUMBER F | NUMBER FILED | | NUMBER EXTRA | | BASIC FEE | 430 | OR | BASIC FEE | |
| TOTAL CHARGEABLE CLAIMS | | | 39 min | 39 minus 20= | | * 19 | | X\$ 9= | 171 | OR | X\$18= | |
| INDEPENDENT CLAIMS | | |) minus 3 = | | | | | X40= | | OR | X80= | |
| MU | LTIPLE DEPEN | DENT CLAIM PI | RESENT | ø | | | | +135= | 135 | OR | +270= | |
| * If the difference in column 1 is less than zero, enter "0" in column | | | | | | | L | TOTAL | 736 | OR. | TOTAL | |
| | C | LAIMS AS A | MENDED | | | | | SMALL ENTITY | | | OTHER THAN SMALL ENTITY | |
| (Column 1) | | | | (Column 2) (Column 3 | | | _ | SMALLE | | OR | SWALL | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUN PREVI | MBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | T CLAIM | = | | X40= | | OR | X80= | |
| <u> </u> | FIRST PRESE | NTATION OF M | OLTIPLE DEP | ENDEN | IT CLAIIVI | | | +135= | | OR | +270= | |
| | | | | | | | | | <u> </u> | OR | TOTAL ADDIT. FEE | |
| | | (O = 1: = 4) | | (Colu | ımn 2) | (Column 3) | , | ADDIT. FEE L | | • | | |
| _ | | (Column 1) CLAIMS | | | HEST | | lτ | | ADDI- | ı | | ADDI- |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | PREV | MBER HOUSLY D FOR | PRESENT EXTRA | | RATE | TIONAL | | RATE | TIONAL FEE |
| | Total | * | Minus | ** | | = . | | X\$ 9= | 1 | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | | X40= | | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | 1 | 070 | |
| | | | | | | | | +135= TOTAL | | OR | +270= | |
| | v | | | | | | | | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | | umn 2) | (Column 3) | . | | | _ | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NU PREV | HEST MBER /IOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| ME | Independent | * | Minus | *** | UT OLAS | = | . | X40= | To any other states of the sta | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | 1 | .070 | ı |
| | | | | | | | | | | OR | | |
| | If the "Highest No | umber Previously | Paid For" IN TH | IS SPACI | E is less th | an 20, enter "20 | ." | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| * | If the "Highest N The "Highest Nu | umber Previously mber Previously P | Paid For" IN TH aid For" (Total o | IIS SPAC or Indepe | E is less th ndent) is th | an 3, enter "3." le highest numb | | | propriate bo | ox in c | olumn 1. | |